

SUBMIT COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Dept.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY WISCONSIN
 Date Stamp (Received)
MAY 13 2015
 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	15-0354
Date:	9-18-15
Amount Paid:	\$100
Refund:	9-18-15

INSTRUCTIONS: No permits will be issued until all fees are paid.
 Checks are made payable to: Bayfield County Zoning Department.
 DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: _____ Mailing Address: _____ City/State/Zip: _____ Telephone: _____

Address of Property: 715 292 5715 City/State/Zip: _____ Cell Phone: _____

Contractor: DAVE GUST Contractor Phone: 715 291 1694 Plumber: N/A Plumber Phone: N/A

Authorized Agent: (Person Signing Application on behalf of Owner(s))
DAVE GUST Agent Phone: 715 291 1694 Agent Mailing Address (include City/State/Zip):
715 291 1694 ASHLAND WISCONSIN 715 291 1694 ASHLAND WISCONSIN

PROJECT LOCATION: _____ Legal Description: (Use Tax Statement) _____ PIN: (23 digits) 04-024-2197-05-35-400-067-000 Recorded Document: (i.e. Property Ownership) _____

Section 33, Township 42 N, Range 6E W Town of: ICEO PARK Lot Size LEDGIN Acreage 2.965 ACRES

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Shoreline: _____ feet

Is Property in Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ <u>25K</u>	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>SEWER</u> <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 85' 4" Width: 47' Height: VALUES

Proposed Construction: _____ Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() ()	()
<input type="checkbox"/> Commercial Use	Residence (i.e. cabin, hunting shack, etc.)	() ()	()
<input type="checkbox"/> Municipal Use	with Loft	() ()	()
	with a Porch	() ()	()
	with (2 nd) Porch	() ()	()
	with a Deck	() ()	()
	with (2 nd) Deck	() ()	()
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	() ()	()
	Mobile Home (manufactured date)	() ()	()
	Addition/Alteration (specify)	() ()	()
	Accessory Building (specify)	() ()	()
	Accessory Building Addition/Alteration (specify)	() ()	()
	Special Use: (explain)	() ()	()
	Conditional Use: (explain)	() ()	()
	Other: (explain) <u>STRUCK TO MAKE MORE LOTS</u>	(<u>85' 4"</u>) (<u>34'</u>)	<u>342</u>

Secretarial Staff: _____ FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

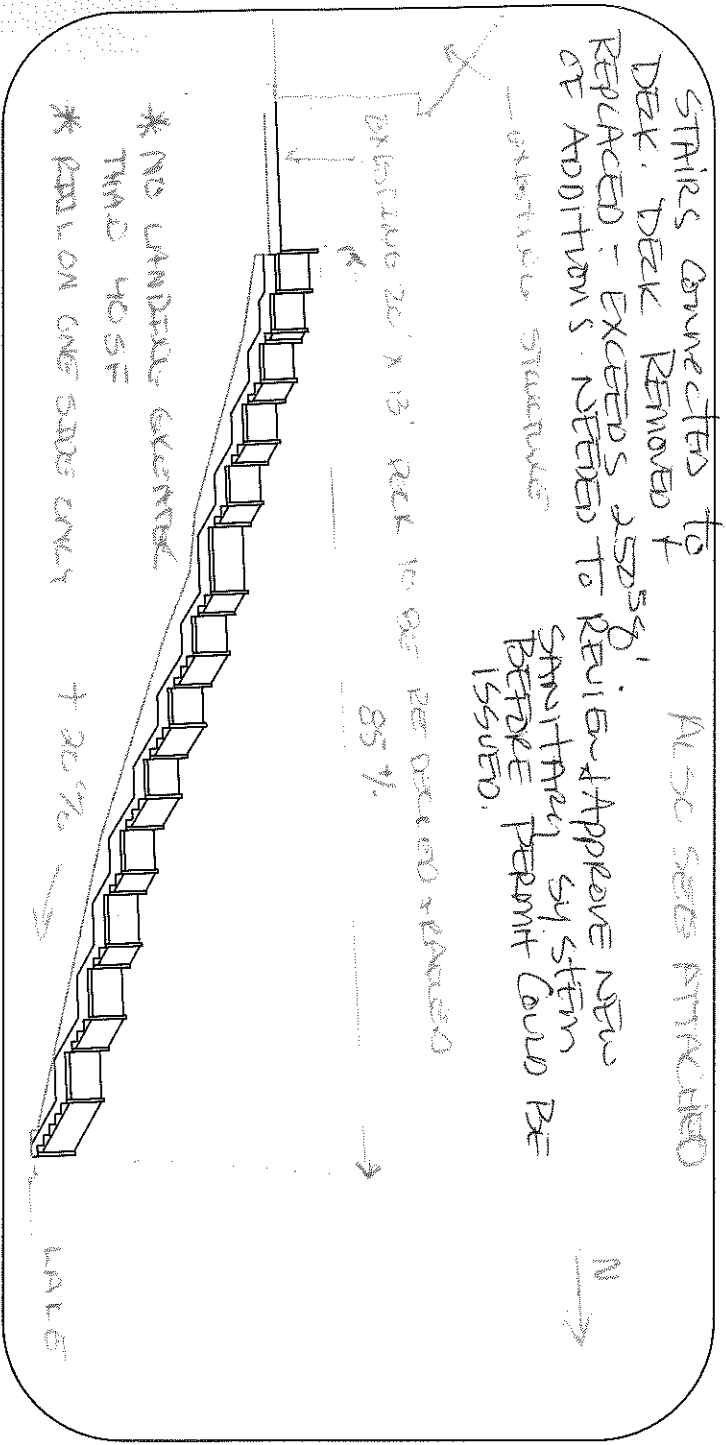
Owner(s): _____ Date _____
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date 5/13/15
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 715 CANNON DR BAYFIELD WIS 54801 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	700 Feet	Setback from the Lake (ordinary high-water mark)	700 Feet
Setback from the Established Right-of-Way	600 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	0 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	0 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	700 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	150 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	50 Feet	Setback to Well	25 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.
 Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only) Sanitary Number: 15-1075 # of bedrooms: Sanitary Date: 8-31-15

Permit Denied (Date): Reason for Denial: Permit #: 15-03824 Permit Date: 9-18-15

Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Inspection Record: Contractor had already started project (digging for septic) on site. Nothing in reference to prohibit

Date of Inspection: 5-21-15 Inspected by: J. C. ...

Condition(s): Town, Committee or Board Conditions Attached? Yes No - If No they need to be attached.
 Structure shall be constructed using BEST MANAGEMENT PRACTICES TO MINIMIZE ADVERSE IMPACT TO LAKE. NO LANDING OR STAIRS ALLOWED.
 REMOVE OF SHREWD VEGEATION IN THE BUFFER ZONE, EXCEPT FOR THE 4' WIDE STAIRCASE, IS PROHIBITED. NO SMOKEHOLE IN NEARBY WETLAND ADJACENT TO LAKE.
 Signature of Inspector: [Signature] Date of Approval: 5-22-15

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees: